

09/844,427

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Bo</i>	535	06-14-01
RESPONSE FORMALITY REVIEW	<i>ph</i>	1090	06-1-01

INDEX OF CLAIMS

- ✓

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Rejected
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Allowed
- (Through numeral).....

Canceled
- +

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Restricted
- N

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Non-elected
- I

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Interference
- A

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Appeal
- O

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Objected

Claim	Date			
	Final	Original		
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
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46	✓	✓	✓	✓
47	✓	✓	✓	✓
48	✓	✓	✓	✓
49	✓	✓	✓	✓
50	✓	✓	✓	✓

Claim	Date			
	Final	Original		
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Claim	Date			
	Final	Original		
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If more than 150 claims or 10 actions
staple additional sheet here